

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Inspection PERMIT #		
[Cool Trents (Mobile)					(mm/dd/yr)		i _
			mber and street, city, state, zip code)	┨	6/20	1/20	20-70
3601	TM			(502) 407-5463	W/ L	1760	
Owner		٦٢	Lauscitte KY TOOLO	Purpose:	E-R	D.1	
	0.1	1.	1 5 1. 14		Follow-up Release Date		
Conge	P-01	16.	- 1 Treats , 1'c	. Routine	No 10 days		
Owner's A	aaress			2. Follow-up	Summary of Violations:		
				3. Complaint			
Person in C	**	,	$(1, \neg)$	4. Pre-Operational	$C \times NC \times R \times R$		
	P		Josh Richardson	5. Temporary			
Responsible	e Person's	E-mai	m´		Menu Type (See back of page)		
				6. HACCP	١ .		
Certified F	ood Manag	ger		7. Other (list)	1 2 3 4 5		
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative Narrative	<u> </u>		Го Ве Со	rrected By
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			No violations.	_			
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